KIA ORA & WELCOME TO THE CANCER SOCIETY NELSON TASMAN NEW CLIENT SELF-REGISTRATION FORM



Nau mai haere mai - We support anyone affected by cancer – patients, family /whānau, friends and colleagues; and offer cancer information as well as a range of support services (www.cancernelson.org.nz).

Please note: as we are a community organisation, we are not automatically informed of new people diagnosed with cancer, so we ask you to fill in this form to let us know how we can help.

Name	Patie	nt Partner	Family/Friend	Other
Contact details				
Address:				
Postcode:	Email:		_	
Phone: Mobile:		Landline		_
Ethnicity: Māori [NZ Pakeha / Caucasian	Other (please state)		
Gender:	Type of Cancer:	C	ate of Birth:	
Partner Name / Phone (if applicable)	Date o	of Birth:	
would like to receive the	formation regarding support group e Cancer Society Nelson Tasman N ted by the Support Coordinator		YES NO YES NO	
	ords of any support received from Privacy Act. We do not share your	=	-	
Signed:		Date:		
OR: Verbal consent give	en: Staff Member / Da	•		

Cancer Society ANZ?

Major Sponsor



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Kōwhairangi

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